(Change in Company's premium or rat	te level produced by rate revision effective	November 1, 2007
	(1)	(2) Annual Premium	(3) Percent
	<u>Coverage</u>	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	Automobile Liability Private Passenger		
	Commercial	474,033	+3.3%
2.	Automobile Physical Damage Private Passenger		
	Commercial	126,541	+8.7%
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other		
	Line of Insurance		
Does f	iling only apply to certain territory (t	erritories) or certain classes? If so, specify:	
	description of filing. (If filing follow to ISO's loss costs filing #CA-2007-B	s rates of an advisory organization, specify of RLA1	organization):

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

All America Insurance Company
Name of Company

Mrs. Petrise Meyer
Sr Rates and Forms Analyst
Official - Title

ron	m (RF-3)	SUMMARY SHEET	
	Change in Company's premium of revision effective	or rate level produced by rate 10/01/07	
	(1) Coverage	(2) Statewide Annual Premium Volume *	(3) Percent Change (+ or -)**
	Automobile Liability Private Passenger Commercial	\$219,548	-0.7%
	Automobile Physical Damage Private Passenger Commercial	\$34,059	4.3%
3. 4. 5. 6.	Liability Other Than Auto Burglary and Theft Glass Fidelity		
7. 8. 9.	Surety Boiler and Machinery Fire		
10. 11. 12. 13.	Inland Marine Homeowners		
	Crop Hail Other Line of Insurance		
Doe	s filing only apply to certain territory(s) or certain	ain class(s)? If so, specify:	
	f description of filing. (If filing follows rates of a ption of ISO's 2007 Revised Comm'l. Auto Loss Co	osts, using our current loss cost multipliers	s for:
	Liability = 1.503	and physical damage = 1.51	4
IS	SO Reference Filing #(s): CA-2007- BRLA1	1	
	Adjusted to reflect all prior rate changes. Change in Company's premium level which will	I result from application of new rates.	
		ME ASSURANCE COMPANY of Company	
		ville, Filings Analyst al - Title	

	(1)	(2)	
	Coverage	Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Au	tomobile Liability		
	rivate Passenger		
	ommercial	2,534,785	+3.3%
	tomobile Physical Damage rivate Passenger		
C	ommercial	639,863	+8.9%
3. Lia	bility Other Than Auto		
4. Bu	rglary and Theft		
5. Gla	iss		
6. Fid	lelity		
7. Su:	rety		
8. Bo	iler and Machinery		
9. Fir	e		
10. Ex	tended Coverage		
11. [n!	and Marine		
12. Ho	meowners		
13. Co	mmercial Multi-Peril		
14. Cr	op Hail		
15. Otl	-		
	Line of Insurance		
Does filing	only apply to certain territory (t	erritories) or certain classes? If so, specify:	

Central Mutual Insurance Company Name of Company

Mrs. Petrise Meyer Sr Rates and Forms Analyst Official - Title

 ^{*} Adjusted to reflect all prior rate changes.
 ** Change in Company's premium level which will result from application of new rates.

For	π (RF-3)		SUMMARY SHEET	
	Change in Con revision effective	npany's premium or rate le	evel produced by rate 01/07	•
	(1) Coverage		(2) Statewide Annual Premium Volume *	(3) Percent Change (+ or -)**
1.	Automobile Liability Private Passenger		\$797,889	-0.7%
2.	Commercial Automobile Physical Dama Private Passenger	age		
3. 4.	Commercial Liability Other Than Auto Burglary and Theft		\$179,582	4.3%
5. 6. 7.	Glass Fidelity Surety			
8. 9.	Boiler and Machinery Fire			
11. 12.				
14.	Commercial Multi-Peril Crop Hail Other			
Doe	Line of Insurance s filing only apply to certain	territory(s) or certain class	s(s)? If so, specify:	
Brie	f description of filing. (If filing of ISO's 2007 Revised C	ng follows rates of an advis	sory organization, specify organg our current loss cost multiplier	nization):
740	Liability =	1.503 and	physical damage = 1.51	4

ISO Reference Filing #(s):

CA-2007- BRLA1

Name of Company Lean D. Bester dille. Filings Analyst

Joan D. Baskerville, Filings Analyst

^{*} Adjusted to reflect all prior rate changes.

^{**} Change in Company's premium level which will result from application of new rates.

	(1)	(2)	(3)
	<u>Coverage</u>	Annual Premium Volume (Illinois)*	Percent Change (+ or -)**
1.	Automobile Liability		
	Private Passenger		
	Commercial	281203	-0.7%
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial	137103	+4.3%
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity	4-2	
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
	Other		
15.			
15.	Line of Insurance		
		erritories) or certain classes? If so specify:	
oes i	filing only apply to certain territory (to	erritories) or certain classes? If so, specify:	
oes i	filing only apply to certain territory (to	erritories) or certain classes? If so, specify:	
oes i	filing only apply to certain territory (to	erritories) or certain classes? If so, specify:	
oes i	filing only apply to certain territory (to	erritories) or certain classes? If so, specify:	
oes i	filing only apply to certain territory (to	s rates of an advisory organization, specify	
oes t	filing only apply to certain territory (to	s rates of an advisory organization, specify	
N/A Brief	filing only apply to certain territory (to	s rates of an advisory organization, specify	
N/A N/A Brief Ado	description of filing. (If filing follows	s rates of an advisory organization, specify c-CA-2007-104	
Does in N/A Brief Ador	description of filing. (If filing follows ption of ISO Loss Costs - Circular LI	s rates of an advisory organization, specify c-CA-2007-104	
oes i	description of filing. (If filing follows ption of ISO Loss Costs - Circular LI djusted to reflect all prior rate change hange in Company's premium level w	s rates of an advisory organization, specify c-CA-2007-104	
oes i	description of filing. (If filing follows ption of ISO Loss Costs - Circular LI	s rates of an advisory organization, specify c-CA-2007-104	
Poes in N/A Brief Ador * A	description of filing. (If filing follows ption of ISO Loss Costs - Circular LI djusted to reflect all prior rate change hange in Company's premium level w	s rates of an advisory organization, specify c-CA-2007-104	
Poes in N/A Brief Ador	description of filing. (If filing follows ption of ISO Loss Costs - Circular LI djusted to reflect all prior rate change hange in Company's premium level w	s rates of an advisory organization, specify c-CA-2007-104	
Poes in N/A Brief Adop	description of filing. (If filing follows ption of ISO Loss Costs - Circular LI djusted to reflect all prior rate change hange in Company's premium level w	s rates of an advisory organization, specify (-CA-2007-104)	

Sharon B. Kennedy, Compliance Analyst

Forr	m (RF-3)	SUM	MARY SHEET	
	Change in Company's pr revision effective	remium or rate level p 10/01/07		
	(1)		(2) Statewide Annual	(3) Percent Change
	Coverage		Premium Volume *	(+ or -)**
1.	Automobile Liability			
	Private Passenger			
	Commercial		\$1,012,062	-0.7%
2.	Automobile Physical Damage			
	Private Passenger			
	Commercial		\$182,437	4.3%
3.	Liability Other Than Auto			
4.	Burglary and Theft			
5.	Glass			
6.	Fidelity			M-1
7.	Surety			
8.	Boiler and Machinery			
9.	Fire			
	Extended Coverage			
11.	Inland Marine			
12.	Homeowners			
	Commercial Multi-Peril			
	Crop Hail Other			
15.	Line of Insurance			
Doe	s filing only apply to certain territory(s	e) or certain class(s)?	If so, specify:	
	f description of filing. (If filing follows of ISO's 2007 Revised Comm'l. Aut			rs for:
15	60 Reference Filing #(s): CA-200	7- BRLA1		
	Total Grand Fining May 1			
* # ** C	Adjusted to reflect all prior rate change change in Company's premium level v	es. which will result from	application of new rates.	
	<u>GRANI</u>	TE STATE INSURANC		
		Name of Compan	у	
	<u>Joan</u> D	. Baskerville, Filings	Analyst	
		Official - Title		

Form (RF-3)	Form	(RI	F-3)
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	Change in Co revision effectiv		n or rate leve 10/01/	l produced by rate 07	-
	(1)			(2) Statewide Annual	(3) Percent Change
	Coverage			Premium Volume *	(+ or -)**
1.	Automobile Liability Private Passenger				
	Commercial			\$7,049,139	-0.7%
2.	Automobile Physical Dam Private Passenger	nage			
	Commercial			\$304,748	4.3%
	Liability Other Than Auto				
	Burglary and Theft				<u></u>
	Glass			****	
	Fidelity				
7.				 	
	Boiler and Machinery				
	Fire Extended Coverage			·	
1.	Inland Marine				·
2.					
3.					
4.					
т. 5.	Other				
٥.	Line of Insurance		·····		
rief		ing follows rates	of an advisor)? If so, specify: y organization, specify organization our current loss cost multiplier	
uop	Liability =	1.503	and	physical damage = 1.51	
		- · · · · · · · · · · · · · · · · · · ·			
		CA-2007- BRI			

Name of Company

Joan D. Baskerville, Filings Analyst
Official - Title

SUMMARY SHEET

(Change in Company's premium or rate	level produced by rate revision effective	October 1, 2007
	(1)	(2)	(3)
	(7)	Annual Premium	Percent
	<u>Coverage</u>	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	Automobile Liability		
	Private Passenger		_
	Commercial	. \$335,501	0%
2.	Automobile Physical Damage Private Passenger		
	Commercial	\$64,340	+11.1%
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other		
	Line of Insurance		
	iling only apply to certain territory (ter applies to all classes and territories.	ritories) or certain classes? If so, specify:	
		rates of an advisory organization, specify of	
To cha	inge loss cost multiplier for commercia	al auto - physical damage from 1.800 to 2.0	000

- * Adjusted to reflect all prior rate changes.
- ** Change in Company's premium level which will result from application of new rates.



Indiana Lumbermens Mutual Insurance Company

Name of Company

Chris Noland Regulatory Compliance Specialist Official - Title

H29219D

For	m (RF-3)	SUN	MARY SHEET	
	Change in Comprevision effective	pany's premium or rate level p 10/01/07		
	(1)		(2) Statewide Annual	(3) Percent Change
	Coverage	_	Premium Volume *	(+ or -)**
1.	Automobile Liability			
	Private Passenger			
	Commercial		\$1,871,412	-0.7%
2.	Automobile Physical Damag	ie		-
	Private Passenger	, .		
	Commercial		\$37,452	4.3%
3.	Liability Other Than Auto			
4.	Burglary and Theft			
5.	Glass			
6.	Fidelity			
7.	Surety			
8.	Boiler and Machinery			
	Fire			
10.	Extended Coverage			
11.	Inland Marine			
12.	Homeowners			
13.	Commercial Multi-Peril			
14.	Crop Hail			
	Other			
	Line of Insurance			
Doe	s filing only apply to certain to	erritory(s) or certain class(s)?	If so, specify:	
	f description of filling. (If filling otion of ISO's 2007 Revised Cor Liability =	-		s for:
15	60 Reference Filing #(s):	CA-2007- BRLA1		
	Adjusted to reflect all prior rate Change in Company's premiu		application of new rates.	
		THE INSURANCE COMPANY Name of Compan		SYLVANIA
		Joan D. Baskerville, Filings	Analyst	
		Official - Title		

For	m (RF-3)		SU	MMARY SHEET	
	Change in Con revision effective	npany's premium	or rate level 10/01/0		
	(1)			(2) Statewide Annual	(3) Percent Change
	Coverage			Premium Volume *	(+ or -)**
1.	Automobile Liability				
	Private Passenger				
	Commercial			\$287,092	-0.7%
2.	Automobile Physical Dama	age			
	Private Passenger				
	Commercial			\$44,365	4.3%
3.	Liability Other Than Auto				
4.	Burglary and Theft				
5 .	Glass				
6.	Fidelity				
7.	Surety				
8.	Boiler and Machinery				
9.	Fire				
	Extended Coverage				
11.					
12.					
13.					
	Crop Hail				
15.	Other Line of Insurance				
Doe	s filing only apply to certain	territory(s) or cert	tain class(s)	? If so, specify:	
	f description of filing. (If filir ption of ISO's 2007 Revised C Liability =				rs for:
	SO Reference Filing #(s):	CA-2007- BRLA	1		
	SO Reletelice Filling #(s).	CA-2007- BRD			
* (Adjusted to reflect all prior re Change in Company's premi	ium level which wi NEW HAMPSH		NCE COMPANY	
		, 4211		,	
		Joan D. Baske		s Analyst	
		Offici	al - Title		

	(1)	(2)	(3)
	(1)	(2) Annual Premium	Percent
	<u>Coverage</u>	Volume (Illinois)*	Change (+ or -)**
1.	Automobile Liability		
	Private Passenger	10016	0.70/
_	Commercial	108167	-0.7%
2.	Automobile Physical Damage Private Passenger		
	Commercial	32176	+4.3%
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass	***	
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other		
oes f	filing only apply to certain territory (t		
	timing only apply to certain territory (t		
N/A rief o		s rates of an advisory organization, specify	organization):
N/A rief o	description of filing. (If filing follow	s rates of an advisory organization, specify	v organization):
N/A Brief o	description of filing. (If filing follow	s rates of an advisory organization, specify	organization):
N/A Brief o Adop	description of filing. (If filing follow otion of ISO Loss Costs - Circular Ll	s rates of an advisory organization, specify I-CA-2007-104	v organization):
N/A Brief of Adop	description of filing. (If filing follow ption of ISO Loss Costs - Circular Ll	s rates of an advisory organization, specify I-CA-2007-104	organization):
N/A Frief c Adop * A	description of filing. (If filing follow ption of ISO Loss Costs - Circular Ll djusted to reflect all prior rate change hange in Company's premium level w	s rates of an advisory organization, specify I-CA-2007-104	organization):
rief o	description of filing. (If filing follow ption of ISO Loss Costs - Circular Ll	s rates of an advisory organization, specify I-CA-2007-104	organization):
N/A Brief c Adop * A	description of filing. (If filing follow ption of ISO Loss Costs - Circular Ll djusted to reflect all prior rate change hange in Company's premium level w	s rates of an advisory organization, specify I-CA-2007-104	organization):
N/A Frief c Adop * A	description of filing. (If filing follow ption of ISO Loss Costs - Circular Ll djusted to reflect all prior rate change hange in Company's premium level w	s rates of an advisory organization, specify I-CA-2007-104	
rief o	description of filing. (If filing follow ption of ISO Loss Costs - Circular Ll djusted to reflect all prior rate change hange in Company's premium level w	s rates of an advisory organization, specify -CA-2007-104 es. which will	Beacon America Insuramce
rief o	description of filing. (If filing follow ption of ISO Loss Costs - Circular Ll djusted to reflect all prior rate change hange in Company's premium level w	s rates of an advisory organization, specify I-CA-2007-104	Beacon America Insuramce pany
rief o	description of filing. (If filing follow ption of ISO Loss Costs - Circular Ll djusted to reflect all prior rate change hange in Company's premium level w	s rates of an advisory organization, specify -CA-2007-104 es. which will	Beacon America Insuramce
N/A Frief c Adop * A	description of filing. (If filing follow ption of ISO Loss Costs - Circular Ll djusted to reflect all prior rate change hange in Company's premium level w	s rates of an advisory organization, specify -CA-2007-104 es. which will	Beacon America Insuramce pany
rief o	description of filing. (If filing follow ption of ISO Loss Costs - Circular Ll djusted to reflect all prior rate change hange in Company's premium level w	s rates of an advisory organization, specify I-CA-2007-104 es. which will Onel	Beacon America Insuramce pany Name of Company
rief o	description of filing. (If filing follow ption of ISO Loss Costs - Circular Ll djusted to reflect all prior rate change hange in Company's premium level w	s rates of an advisory organization, specify I-CA-2007-104 es. which will Onel	Beacon America Insuramce pany Name of Company on B. Kennedy, Compliance

SUMMARY SHEET

Sharon B. Kennedy, Compliance

Official - Title

Analyst

	(1)	(2)	(3)
	Coverage	Annual Premium Volume (Illinois)*	Percent Change (+ or -)**
1.	Automobile Liability		
	Private Passenger		
	Commercial	872	-0.7%
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial	_26	+4.3%
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass	,	
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
0.	Extended Coverage		
1.	Inland Marine		
2.	Homeowners		
3.	Commercial Multi-Peril		
4	Crop Hail		
4.			
	Other		
	-		
oes f	Other Line of Insurance Tling only apply to certain territory (to		
oes f	Other Line of Insurance Tling only apply to certain territory (to	s rates of an advisory organization, specify	
oes l N/A rief	Other Line of Insurance Tiling only apply to certain territory (to description of filing. (If filing follows ption of ISO Loss Costs - Circular Li-	s rates of an advisory organization, specify -CA-2007-104	
5. rief Ado	Other Line of Insurance Tiling only apply to certain territory (to	s rates of an advisory organization, specify -CA-2007-104	
since of the since	Other Line of Insurance Tiling only apply to certain territory (to description of filing. (If filing follows ption of ISO Loss Costs - Circular Li- djusted to reflect all prior rate change hange in Company's premium level w	s rates of an advisory organization, specify -CA-2007-104	
rief Ado	Other Line of Insurance Tiling only apply to certain territory (to description of filing. (If filing follows ption of ISO Loss Costs - Circular Li- djusted to reflect all prior rate change hange in Company's premium level w	s rates of an advisory organization, specify -CA-2007-104 s. which will	

Sharon B. Kennedy, Compliance Analyst
Official - Title

	(1)	(2)	(3)
	Coverage	Annual Premium Volume (Illinois)*	Percent Change (+ or -)**
1.	Automobile Liability		
	Private Passenger	4.0	
	Commercial	61351	0.7%
2.	Automobile Physical Damage		
	Private Passenger		14.20/
_	Commercial	18145	+4.3%
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety	+1	
8.	Boiler and Machinery		
9. 10.	Fire		
io. 11.	Extended Coverage Inland Marine		
11. 12.	Homeowners		· · · · · · · · · · · · · · · · · · ·
12.	Commercial Multi-Peril		
14.	Crop Hail		
4.	OtherLine of Insurance		
4. 5. oes f	Other Line of Insurance	erritories) or certain classes? If so, specify:	
14. 15. oes f	Other Line of Insurance	erritories) or certain classes? If so, specify:	
14. 15. oes f N/A	Other Line of Insurance The control of Insurance (to the control of Insurance) Line of Insurance (to the control of Insurance) The control of Insurance (to the control of Insurance)	s rates of an advisory organization, specify	
14. 15. oes f N/A	Other Line of Insurance The control of Insurance (to certain territory (to certain territory)	s rates of an advisory organization, specify	
14. 15. Poes f N/A Brief o	Other Line of Insurance Tiling only apply to certain territory (to description of filing. (If filing follows on of ISO Loss Costs - Circular Line)	s rates of an advisory organization, specify -CA-2007-104	
44. 15. nooes f N/A rrief o Adop	Other Line of Insurance Tiling only apply to certain territory (to description of filing. (If filing follows on of ISO Loss Costs - Circular Liddiusted to reflect all prior rate change	s rates of an advisory organization, specify -CA-2007-104	
14. 15. ooes f N/A rief c Adop * A	Other Line of Insurance Tiling only apply to certain territory (to description of filing. (If filing follows on of ISO Loss Costs - Circular Line)	s rates of an advisory organization, specify -CA-2007-104	
14. 15. ooes f N/A rief c Adop * A	Other Line of Insurance The control of Ins	s rates of an advisory organization, specify -CA-2007-104 es. which will	organization);
14. 115. cooes f N/A crief c Adop * A	Other Line of Insurance The control of Ins	s rates of an advisory organization, specify -CA-2007-104 es. which will	organization):

Chang	e in Company's premium or rate level pr	roduced by rate revision effective	10-1-07 1.2%
	(1)	(2) Annual Premium	(3) Percent
	<u>Coverage</u>	Volume (Illinois)*	Change (+ or -)**
1.	Automobile Liability Private Passenger		
	Commercial	65,838	2.0%
2.	Automobile Physical Damage		
	Private Passenger	05.000	0.00/
_	Commercial	25,966	-0.8%
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass	**************************************	
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other		
	Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Adopt ISO loss costs (Li-CA-2007-104); change loss cost multipliers.

- * Adjusted to reflect all prior rate changes.
- ** Change in Company's premium level which will result from application of new rates.

Pennsylvania Manufacturer's Association Insurance Company

Name of Company

Sharon Ellison
Regulatory Analyst

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

Change in	Company's	premium	or	rate	level	produced	by	rate	revision
effective	10/01/2007				•				

(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent Change (+ or -)**
Automobile Liability Pr Passenger	rivate	0.00%
Commercial	\$236,666	0.60%
Automobile Physical Dam Private Passenger	nage	0.00%
Commercial	\$159,027	0.60%
Liability Other Than Au	ıto	0.00%
Burglary and Theft		0.00%_
Glass		0.00%
Fidelity		0.00%
Surety		0.00%
Boiler and Machinery		0.00%
Fire		0.00%
Extended Coverage		0.00%
Inland Marine		0.00%
Homeowners		0.00%
Commercial Multi-Peril		0.00%
Crop Hail		0.00%
0ther		0.00%
	e to certain territory (territo fy: The rate change will apply statewide.	ries) or certain

Pharmacists Mutual Insurance Company Name of Company FILED

Tom Claude, VP - Underwriting/Risk Mgmt MAR 1 7 1983 Official--Title

SOS - ISU - CODE UNIT

^{*}Adjusted to reflect all prior rate changes.
**Change in Company's premium level which will result from application of new rates.

RECEIVED

JUL 1 2 2007

IDFPR (MPC)
DIVISION OF INSURANCE
SPRINGFIELD

0%

Form (RF-3)

SUMMARY SHEET

Change in Company's revision effective	premium or rate level produced 10/01/07	bу	rate
(1)	(2)		(3)
	Annual Premium		Percent
Coverage	Volume (Illinois)*		Change (+ or -) **

1. Automobile Liability Private Passenger Commercial 2,981,356 2. Automobile Physical Damage

Private Passenger 5.1% Commercial 611,227 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass

6. Fidelity 7. Surety 8. Boiler and Machinery

9. Fire 10. Extended Coverage

11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril

14. Crop Hail 15. Other Line of Insurance

Does filing only apply to certain territory (territories)or certain classes? If so, specify: no

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): The rates are changed based on an annual review. The changes include new loss costws as shown in the reference chart.

- * Adjusted to reflect all prior rate changes.
- ** Change in Company's premium level which will result from application of new rates.

SECUR	A Insurance, A Mutual Company
	Name of Company
Dan	iel P. Ferris - official
	Official - Title

H29219D

SUMMARY SHEET

	(1)	(2) Annual Premium	(3) Percent
	<u>Coverage</u>	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	Automobile Liability		
	Private Passenger	4 (41 012	0.5%
•	Commercial	4,641,913	0.376
2.	Automobile Physical Damage Private Passenger		
	Commercial	1,251,178	0.4%
3.	Liability Other Than Auto	6,511,651	1.5%
4.	Burglary and Theft	· -	
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire	5,916,675	-0.3%
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other		
-	Line of Insurance		
loan f	iling only apply to cortain territory (erritories) or certain classes? If so, specify:	
N/A	ining only apply to certain territory (contones, or certain classes. It so, specify.	
11//2		······································	
)_:_c .			anne instinu).
Pari	description of filing. (If filing follow	s rates of an advisory organization, specify of	organization):
	se our package modification factors is usiness written under SICSC.	or Commercial Auto, Commercial Property	and General Liability lines
OIO	asiness written under SICSC.		

- * Adjusted to reflect all prior rate changes.
- ** Change in Company's premium level which will result from application of new rates.

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR

JUL 1 2 2007

SPRINGFIELD, ILLINOIS

Selective Insurance Company of South Carolina (SICSC)

Name of Company

Tracy Rossman - State Filing Specialist

SUMMARY SHEET

Judy Symons – State Filings Specialist

	(1)	(2)	(3)
	Coverage	Annual Premium Volume (Illinois)*	Percent Change (+ or -)**
1.	Automobile Liability		
	Private Passenger		
	Commercial	4,641,913	-0.1%
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial	1,251,178	-1.4%
•	Liability Other Than Auto		
ļ.	Burglary and Theft		
5.	Glass		
5.	Fidelity		
7. 3.	Surety Boiler and Machinery		
).)	Fire		
).).	Extended Coverage		
). .	Inland Marine		
)	Homeowners		
3.	Commercial Multi-Peril		
۰. ١.	Crop Hail		****
5.	Other		
	Line of Insurance		
	filing only apply to certain territory (to	erritories) or certain classes? If so, speci	ity:
/A	description of filing. (If filing follows	s rates of an advisory organization, speci reference filings listed in explanatory m	ify organization):
ef oss A-:	description of filing. (If filing follows Cost Multiplier revision. Adopt ISO	s rates of an advisory organization, speci reference filings listed in explanatory m	ify organization):
ef oss A-:	description of filing. (If filing follows Cost Multiplier revision. Adopt ISO 2007-BRLA1. djusted to reflect all prior rate change hange in Company's premium level w	s rates of an advisory organization, specireference filings listed in explanatory metabolisms. s. chich will	ify organization):

	(1)	(2) Annual Premium	(3) Percent
	<u>Coverage</u>	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	Automobile Liability		
	Private Passenger	1055 (10	0.00/
_	Commercial	1,255,610	0.0%
2.	Automobile Physical Damage		
	Private Passenger	351,317	0.0%
2	Commercial		0.7%
3. 4.	Liability Other Than Auto Burglary and Theft	3,996,280	0.776
4. 5.	Glass		
5. 6.	Fidelity		
7.	Surety		
7. 8.	Boiler and Machinery		
9.	Fire	2,412,970	0.0%
10.	Extended Coverage	2,412,770	0.070
11.	Inland Marine	-	
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other		
	Line of Insurance		
	iling only apply to certain territory (territories) or certain classes? If so, specify:	
N/A			
		ys rates of an advisory organization, specify	
		for Commercial Auto, Commercial Property	and General Liability lines
f 14 h	usiness written under SICSC.		

- * Adjusted to reflect all prior rate changes.
- ** Change in Company's premium level which will result from application of new rates.

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR RECEIVED

JUL 12 2007

SPRINGFIELD, ILLINOIS

Selective Insurance Company of the Southeast (SICSE)

Name of Company

Tracy Rossman – State Filing Specialist

Official - Title

H29219D

Coverage Volume (Illinois)* Change (+ or Change (+ or Change))* Change (+ or Change) Private Passenger Commercial Automobile Physical Damage Private Passenger Commercial Liability Other Than Auto Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire
Private Passenger Commercial 1,255,610 0.0% 2. Automobile Physical Damage Private Passenger Commercial 351,317 -2.0% 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery
Commercial 1,255,610 0.0%
2. Automobile Physical Damage Private Passenger Commercial 351,317 -2.0% 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery
Private Passenger
3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery
4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery
5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery
6. Fidelity 7. Surety 8. Boiler and Machinery
7. Surety 8. Boiler and Machinery
8. Boiler and Machinery
9. Fire
10. Extended Coverage
11. Inland Marine
12. Homeowners
13. Commercial Multi-Peril
14. Crop Hail
15. Other
Line of Insurance
oes filing only apply to certain territory (territories) or certain classes? If so, specify: N/A

Selective Insurance Company of the Southeast (SICSE)

Name of Company

Judy Symons – State Filings Specialist

Chang	e in Company's premium or rate leve	el produced by rate revision effective	October 1, 2007
	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	Automobile Liability Private Passenger		
	Commercial	\$368,857	-0.7%
2.	Automobile Physical Damage Private Passenger		
	Commercial	\$73,097	+4.3%
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other		
	Line of Insurance		
D (51' 1	4 - 1 - 1 - 1 - 1 - 1 0 - 16	.
No.	iling only apply to certain territory (territories) or certain classes? If so, specif	y:
Brief o	lescription of filing. (If filing follow	s rates of an advisory organization, specif	y organization):
Rating	Organization: Insurance Services O	office, Inc. (ISO)	
CA-20	07-BRLA1, Illinois Commercial Au	to Advisory Prospective Loss Cost	

- * Adjusted to reflect all prior rate changes.
- ** Change in Company's premium level which will result from application of new rates.

SUA Insurance Company
Name of Company

Senior Counsel – Compliance Manager
Official - Title

	Change in Company's premium or rate	e level produced by rate revision effective	2.05 17-1-2007
	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois)*	Change (+ or -)**
1.	Automobile Liability		
	Private Passenger		
	Commercial	\$2,533,397	.45
2.	Automobile Physical Damage		
	Private Passenger		
_	Commercial	\$ 878,336	1.60
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5,	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery	-	
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		CRIT CRITICAL CRITICA
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other		
	Line of Insurance		
oon f	iling only apply to cartain tarritory (to	rritories) or certain classes? If so, specify:	
NO 1	ning only apply to certain territory (ter	intones) of certain classes? If so, specify.	
110	· · · · · · · · · · · · · · · · · · ·		
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rief c	description of filing. (If filing follows	rates of an advisory organization, specify	organization):
	ot ISO's Loss Cost Filing - Ref CA-2		., 6
	djusted to reflect all prior rate changes		
	nange in Company's premium level wh	ich will	
re	sult from application of new rates.		
		7. P	
		Vanlı	ner Insurance Company
			Name of Company
		Ti-a L	Community Conic-
			Kampwerth, Senior Liance Coordinator
			Official - Title
			VIIIVIAI - 1 1110